



## Certification Recommendation

**CLAIM #:** 040519008736  
**DOI:** 02/15/2019

**INSURED:** Biotelemetry, Inc.  
**CARRIER/TPA:** Chubb & Son (WC) - Los Angeles, CA /

**CLAIMANT:** Jonathan Shockley  
**CORVEL #:** 139249073-UMO-48

**ADJUSTER:** Mario Castro

**Determination Date:** 10/08/2021

**RFA Received Date:** 10/01/2021

**Provider:** Babak Jamasbi, MD

**Pre-cert #:** 139249073-UMO-48  
myMatrixx as Express Scripts Co.  
WCMPPAFolder@express-scripts.com

**Network:**

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 10/08/2021 and is summarized below:

MEDICATION								
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider
Requested	Lidocaine ointment	5% #60gm	1	No				
Certified	Lidocaine ointment Dispense Generic	5% #60gm	1	No	10/8/21	12/8/21		
Requested	Voltaren Gel	1% #100gm	1	No				
Certified	Voltaren Gel Dispense Generic	1% #100gm	1	No	10/8/21	12/8/21		
Requested	Flector patch	1.3% #30	1	No				
Certified	Flector patch Dispense Generic	1.3% #30	1	No	10/8/21	12/8/21		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1



Sincerely,

Wendy Judd, RN  
Utilization Management Department  
cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Colantoni, Coll Marren, Phillips and

**\*\*NOTE\*\***

**Please attach a copy of this recommendation letter  
with your bill; otherwise, payment may be  
delayed.**

*Utilization review does not include determinations of employer liability of the work injury, or of bill  
review for the purpose of determining whether the medical services were accurately billed.*



**ELECTRONIC PROOF OF SERVICE**

I am a citizen of the United States and a resident of the County of Washington; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action; my business address is 111 SW 5<sup>th</sup> Avenue, Suite 200, Portland, Oregon, 97204.

I am readily familiar with CorVel's practice for electronic service of correspondence that is maintained on CorVel's electronic database.

On October 8, 2021, the within letter(s) were served on the parties in said action, by sending a true copy thereof **electronically** (facsimile) on the following parties:

Babak J Jamasbi, MD  
Fax: (510) 647-5105

formulary\_support@corvel.com  
Email: formulary\_support@corvel.com

wcmppafolder@express-scripts.com  
Email: wcmppafolder@express-scripts.com

WENDY.JUDD@CHUBB.COM  
Email: WENDY.JUDD@CHUBB.COM

Executed on October 8, 2021, at Portland, Multnomah County, Oregon, 97204.

I, Linda Grant, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

A handwritten signature in black ink, appearing to read "Linda A. Grant", written over a horizontal line.

Signature

File: 139249073 Shockley



**PROOF OF SERVICE BY MAIL**

I am a citizen of the United States and a resident of the County of Clark; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action. My business address is 4330 SE International Way, Milwaukie, OR 97222. I am readily familiar with CorVel's practice for collection and processing of correspondence maintained on CorVel's electronic database for mailing with the U. S. Postal Service. Under such practice, correspondence that is printed for mail service would be put in a sealed envelope with postage thereon fully prepaid and placed for collection and mailing on the same date by depositing such with the U.S. postal service in the ordinary course of business.

On October 8, 2021, the within letter(s) were served on the parties in said action, by placing a true copy thereof enclosed in a sealed envelope, with postage thereon fully prepaid addressed as follows:

Babak J Jamasbi, MD  
1335 Stanford Ave.  
Emeryville  
CA  
94608

Colantoni, Collins, Marren, Phillips and Tulk:  
Colantoni, Coll Marren, Phillips and  
201 Spear Street #1100  
San Francisco  
CA  
94105

Farber & Co: Farber & Co  
333 Hegenberger Road #504  
  
Oakland  
CA  
94621

Jonathan Shockley  
1000 Sutter St.  
San Francisco  
CA  
94109

Executed on October 8, 2021 at Milwaukie, OR 97222.



I, Becca Guimont, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

A handwritten signature in cursive script that reads 'Becca Guimont'.

Signature

File: 040519008736, Shockley Jonathan